

**FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
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JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 2 0 1

FILED VS DEC 3 0 1959

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6029

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City Mo</u>		Length of stay in lb <u>44 yrs</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7219 Jefferson</u>		c. CITY OR TOWN <u>Kansas City Mo</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>7219 Jefferson</u>	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Mr Emil T. Hinkel Sr</u>			4. DATE OF DEATH <u>12-14-1959</u>		
5. SEX <u>male</u>			6. COLOR OR RACE <u>white</u>		
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			8. DATE OF BIRTH <u>11-19-1876</u>		
9. AGE (last birthday) <u>83</u>			IF UNDER 1 YEAR IF UNDER 24 HR		
			Months Days Hours Min.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired schoolteacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Mo</u>		11. BIRTHPLACE (City and state or country) <u>California Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Adam Hinkel</u>		13b. MOTHER'S MAIDEN NAME <u>Christina Schaefer</u>		14. NAME OF HUSBAND OR WIFE <u>Nelle Hinkel</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Nelle Hinkel 7219 Jefferson</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <u>malignant melanoma</u>					
DUE TO (b) <u>extensive metastasis-liver, etc.</u>					
DUE TO (c)					

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour <u>3:50</u> Month, Day, Year <u>June 1, 1959</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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21. I attended the deceased from <u>June 1, 1959</u> to <u>December 10, 1959</u> and last saw him alive on <u>December 10, 1959</u> Death occurred at <u>3:50 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
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22a. SIGNATURE (Degree or title) <u>Robert E. Allen MD</u>		22b. ADDRESS <u>300 Plaza Tower Bldg. Kansas City, Mo</u>		22c. DATE SIGNED <u>12/15/59</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-16-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt Mariah</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>	
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24. FUNERAL DIRECTOR <u>Francis Wornall Funeral Home K.C. Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-15-59</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	
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DOCUMENT

BY AFFIDAVIT OF Robert E. Allen MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

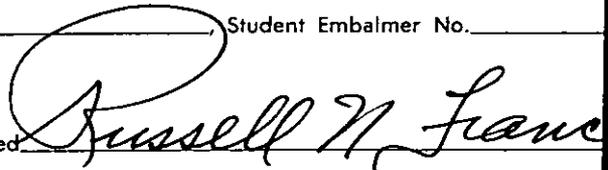
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

 Russell N. Francis

Licensed Embalmer No. 425

P. O. Address K.C.M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.